## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| appropriate. All further indicated unless correct                                                                                                                | correspondence includi-<br>ted below or directed ot | for transmitting the ISS<br>ng the Patent, advance of<br>herwise in Block I, by ( | UE FEE and PUBLICAT orders and notification of a specifying a new corresponding to the second | ION FEE (if required) maintenance fees will i spondence address; and                                                                                                                                                                                                                          | ). Blocks 1 through 5 s<br>be mailed to the current<br>I/or (b) indicating a sep | should be completed where<br>correspondence address a<br>arate "FEE ADDRESS" fo                                   |
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| maintenance fee notifica                                                                                                                                         | ations.                                             | lock I for any change of address)                                                 | Not<br>Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                  |                                                                                                                   |
| 625 SLATERS<br>FOURTH FLOO                                                                                                                                       | HOMAS, PLLC<br>LANE<br>OR                           | AUG 04                                                                            | I he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Certific<br>reby certify that this Forces Postal Service with                                                                                                                                                                                                                                 | ate of Mailing or Transec(s) Transmittal is bein                                 | smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. |
| ALEXANDRIA                                                                                                                                                       | , VA 22314-1176                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  | (Depositor's name)                                                                                                |
|                                                                                                                                                                  |                                                     | RANGU                                                                             | NEW CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ······                                                                                                                                                                                                                                                                                        |                                                                                  | (Signature)                                                                                                       |
|                                                                                                                                                                  |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  | (Date)                                                                                                            |
| APPLICATION NO.                                                                                                                                                  | FILING DATE                                         |                                                                                   | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AT                                                                                                                                                                                                                                                                                            | TORNEY DOCKET NO.                                                                | CONFIRMATION NO.                                                                                                  |
| 10/572,797 04/23/2007                                                                                                                                            |                                                     |                                                                                   | Detlev Wittmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               | WITT3007/FJD 4926                                                                |                                                                                                                   |
| TITLE OF INVENTION                                                                                                                                               | 1: PLUGGABLE MODU                                   | LE FOR A LIQUID OR                                                                | GAS SENSOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                                                   |
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| APPLN. TYPE                                                                                                                                                      | SMALL ENTITY                                        | ISSUE FEE DUE                                                                     | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE FE                                                                                                                                                                                                                                                                           | E TOTAL FEE(S) DUE                                                               | DATE DUE                                                                                                          |
| nonprovisional                                                                                                                                                   | NO                                                  | \$1510                                                                            | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                           | \$1810                                                                           | 08/04/2009                                                                                                        |
| EXAMINER ART U                                                                                                                                                   |                                                     | ART UNIT                                                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| NOLAND, THOMAS                                                                                                                                                   |                                                     | 2856                                                                              | 073-866100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                                                   |
| 1. Change of correspondence address or indication of "Fee Address" (37                                                                                           |                                                     |                                                                                   | 2. For printing on the patent front page, list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence                                                                                       |                                                     |                                                                                   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| Address form PTO/SB/122) attached.                                                                                                                               |                                                     |                                                                                   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                  |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| 3. ASSIGNEE NAME A                                                                                                                                               | ND RESIDENCE DATA                                   | A TO BE PRINTED ON                                                                | THE PATENT (print or type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | pe)                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                                                   |
| PLEASE NOTE: Unl                                                                                                                                                 | less an assignee is ident<br>h in 37 CFR 3.11. Comp | ified below, no assignee bletion of this form is NO                               | data will appear on the pa<br>T a substitute for filing an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | atent. If an assignee is assignment.                                                                                                                                                                                                                                                          | identified below, the d                                                          | ocument has been filed for                                                                                        |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                  |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| Endress + Hauser Conducta Gesellschaft fur Dieselstrasse 24, Gerlingen, Germany 70839                                                                            |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
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| lease check the appropr                                                                                                                                          | iate assignee category or                           | categories (will not be pr                                                        | inted on the patent) : $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Individual X Corpor                                                                                                                                                                                                                                                                           | ation or other private gro                                                       | oup entity Government                                                                                             |
| la. The following fee(s):                                                                                                                                        | are submitted:                                      | . 41                                                                              | . Payment of Fee(s): (Plea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | se first reapply any pr                                                                                                                                                                                                                                                                       | eviously paid issue fee                                                          | shown above)                                                                                                      |
| Issue Fee       X A check is enclosed.         ✓ Publication Fee (No small entity discount permitted)       ✓ Payment by credit card. Form PTO-2038 is attached. |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| Advance Order - #                                                                                                                                                |                                                     | permitted)                                                                        | The Director is hereby authorized to charge XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
|                                                                                                                                                                  |                                                     |                                                                                   | overpayment, to Depor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sit Account Number 2:                                                                                                                                                                                                                                                                         | -0200 (enclose a                                                                 | n extra copy of this form).                                                                                       |
|                                                                                                                                                                  | tus (from status indicated<br>s SMALL ENTITY state  |                                                                                   | ☐ b. Applicant is no long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rer claiming SMALL F                                                                                                                                                                                                                                                                          | NTITY status See 37 C                                                            | FR   27(a)(2)                                                                                                     |
|                                                                                                                                                                  |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  | ne assignee or other party in                                                                                     |
| nterest as shown by the r                                                                                                                                        | records of the Unifed Sta                           | yes ratent and I rademark                                                         | Onice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                   |
| Authorized Signature 2 KUMM WHW Date Aug. 4, 2009                                                                                                                |                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                   |
| Typed or printed some                                                                                                                                            | Felix I // mi                                       | rosio                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No.                                                                                                                                                                                                                                                                              | 25 721 ·                                                                         |                                                                                                                   |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.